

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## ACCOUNTING EXAMINING BOARD

### APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT CREDENTIAL

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

**PLEASE TYPE OR PRINT IN INK**

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The Certified Public Accountant license expires on December 31st of the odd-numbered year. It may be renewed for a two year period at that time.

**QUALIFICATION:** Place an "X" in **ONE** space only indicating how you qualify.

- ☐ Examination (Completed all examinations in Wisconsin.)  
☐ Transfer of Credit (Completed some or all AICPA examinations in another state.)  
Note: Wisconsin requirements for examination must have been met.  
☐ Endorsement (Credentialed/licensed as a Certified Public Accountant in another state.)

Credential Number	State	Date Obtained
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#### EXAMINATIONS:

If you have taken examinations in Wisconsin or in another state provide details:

Auditing	____ (YR)	____ (STATE)
Law/LPR	____ (YR)	____ (STATE)
Theory/FARE	____ (YR)	____ (STATE)
Practice/ARE	____ (YR)	____ (STATE)

#### FOR BOARD APPROVAL ONLY

BY \_\_\_\_\_  
BY \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_

**APPLICATION FEES:** Please make check payable to Department of Regulation and Licensing and attach check to this application.

**For Receipting Use Only**

- ☐ Initial License  
\$ 53.00 Credential fee (Initial credential fee not required if you sat for the exam in Wisconsin from May 1996 to November 2003.)  
\$ 57.00 Ethics exam fee  
\$ \_\_\_\_\_ **Total fee**
- ☐ Transfer of Credit  
\$ 53.00 Initial credential fee  
\$ 57.00 Ethics exam fee  
\$ 110.00 **Total fee**
- ☐ Endorsement  
\$ 59.00 Initial credential fee  
\$ 57.00 Ethics exam fee  
\$ 116.00 **Total fee**



# Wisconsin Department of Regulation & Licensing

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**EDUCATION:** (Official Transcripts Required)Colleges  
AttendedDegree  
ReceivedDate of  
Graduation

Major

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**STATEMENT OF ARREST OR CONVICTION:**

(Attach additional sheets if necessary)

**YES****NO**

- A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252. ☐ ☐
- B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? \_\_\_\_\_ And if in another name, what name? \_\_\_\_\_ ☐ ☐

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

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## AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Accounting Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

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**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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First Name	Middle Initial	Last Name
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Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.